



FOOD SERVICE APPLICATION FORM

Decatur County Health Department
801 N. Lincoln Street
Greensburg IN 47240
(812)663-8301 Fax (812)663-4174

Please send this form along with your payment by January 1st, 2019. If you are requesting tax exempt status, please submit a copy of your 501 c 3. Fill out this form as you want it to appear on your permit. **An incomplete form will not be processed for a permit.** Please enclose a copy of your entire menu. ***NOTE THE NEW FEE SCHEDULE BELOW.***

Facility Name (As it will appear on permit)		Phone Fax	
Facility Address:		City: ____ Zip Code: _____	E-mail: Website:
OWNERSHIP INFORMATION			
Ownership Legal Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit (please include 501c3) <input type="checkbox"/> Other _____			
Owner's Name: — Address: City ST: ZIP:		Owner's Phone Owner's Cell Phone Owner's Email _____	
MANAGEMENT INFORMATION			
<i>Person in Charge has the oversight of a zone, district or region.</i> Name of person in Charge:		Title: _____ Telephone: _____	
<i>Operator has oversight of the preparation or serving of food at the establishment.</i> Name of Operator:		Title: _____ Telephone: _____	
<i>Enclose copies with application</i> Name(s) of Certified Food Handler(s):		Date of Exam:	
MAILING ADDRESS			
Address for correspondence, <u>including application</u> or email address if you prefer: <input type="checkbox"/> Please send all future correspondence via email Name Email Address _____ Address City ST: ZIP			
Office Use Only			
Establishment #		Menu Type <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

The following information is REQUIRED if applicable.



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Meals Served (check all that apply)

Breakfast ☐ Lunch ☐ Dinner ☐ Cater ☐ Mobile Unit ☐

Days and Hours of Operation

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

The Undersigned Hereby applies for a permit to operate a Food Service Establishment pursuant to Decatur County Ordinance 2006-4. The undersigned hereby attests to the accuracy of the information provided in this application and affirms that the undersigned will comply with the ordinance, and allow the Decatur County Health Official full access to the establishment.

Signature of Applicant(s): _____

Printed Name of Applicant(s): _____

*****New Fee Schedule*****

Food Service Facility

Employees

1-9	\$200.00
10-20	\$300.00
21+	*\$600.00

Retail Food Store

Square Footage

1-1000 ft ²	\$200.00
1001-8000 ft ²	\$300.00
>8000 ft ²	* \$600.00

***** Please enclose copies of menus and food handler certifications. *****

Please make check payable to:

Decatur County Health Department

***New Fee for 2019**